

Ark Nursing and Care Agency Limited

Ark Nursing & Care Agency

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This announced inspection took place on 4, 10 and 11 October 2017. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Ark Nursing and Care Agency provides nursing and personal care to people in hospitals, care homes and to people who need assistance in their own homes. At the time of our inspection there were 13 people receiving a service in their own homes.

At the last inspection in September 2015 the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good:

The service continued to provide safe care to people. One person commented: "I feel safe with the carers." Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal processes. Medicines were safely managed on people's behalf.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. People were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff relationships with people were caring and supportive. Staff were motivated and inspired to offer care that was kind and compassionate.

There were effective staff recruitment and selection processes in place. People received effective care and support from staff who were well trained and competent.

Staff spoke positively about communication and how the registered manager worked well with them and

encouraged their professional development.

A number of methods were used to assess the quality and safety of the service people received and made continuous improvements in response to their findings.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Ark Nursing & Care Agency

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 4, 10 and 11 October 2017. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one adult social care inspector.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We reviewed the questionnaire responses which we received from people prior to our inspection.

We visited one person in their own home and spoke to six people and their relatives to ask their views about the service they received. We also spoke with seven members of staff, which included the registered manager. We received 15 responses to the questionnaires we sent from people receiving a service, relatives, staff and professionals.

We reviewed three people's care files, three staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. After our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people. We received feedback from two professionals.



Our findings

The service continued to provide safe care to people. A person commented: "I feel safe with the carers." Relatives also confirmed that their loved ones were cared for safely. One commented: "I feel reassured that (relative) is in safe hands." All of the questionnaire responses stated that people felt safe with the staff supporting them.

To minimise the risk of abuse to people, all staff undertook training in how to recognise and report abuse. Staff told us they would immediately report any concerns to the registered manager and were confident that action would be taken to protect people. A staff member commented: "I would go straight to (registered manager) and report. I would also document all the details."

People's individual risks were identified and risk assessment reviews were carried out to keep people safe. For example, risk assessments for skin care, falls, epilepsy, access to premises and moving and handling. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. This included ensuring necessary equipment was available from physiotherapy and occupational therapy services to increase a person's independence and ability to take informed risks.

There were sufficient staff to meet people's needs. People confirmed that staffing arrangements met their needs. They were happy with staff timekeeping and confirmed they always stayed the allotted time. Relatives commented: "Always on time, attitude is good" and "If a carer goes sick, the shift is filled in right away." All of the questionnaire responses stated that staff arrived on time and stayed the allotted time.

Staff confirmed that people's needs were met and felt there were sufficient staffing numbers. The registered manager explained staffing arrangements always matched the support commissioned and staff skills were integral to this to suit people's needs. They added that people received support from a consistent staff team. This ensured people were able to build up trusting relationships with staff who knew their needs. Where a person's needs increased or decreased, staffing was adjusted accordingly. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. The registered manager explained that regular staff undertook extra duties in order to meet people's needs. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift.

There were effective recruitment and selection processes in place. A relative commented: "The interview process must work, they employ good staff." Staff had completed application forms and interviews had

been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received varying levels of staff support when taking their medicines. For example, from prompting through to administration. Staff had received medicine training and competency assessments to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines. Members of the management team checked medicine records whilst out in the community to ensure staff were administering them correctly. We checked medicine records and found them to be completed appropriately by staff.

Our findings

The service continued to provide people with effective care and support. Staff were competent in their roles and had a good knowledge of the individuals they supported which meant they could effectively meet their needs.

People were supported to see appropriate health and social care professionals to ensure their healthcare needs were met. One relative commented; "The staff are very good at contacting other professionals if (relative) needs them." Records showed evidence of health and social care professionals involvement in people's individual care on an on-going and timely basis. For example, GP and district nurse. These records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion.

Care continued to be taken to ensure staff were trained and supported to a level to meet people's current and changing needs. A person commented: "They (staff) seem to know what they are doing." Relatives commented: "The staff are very good, know what they are doing" and "The carers know exactly what they are doing." Staff received a range of training and supervision, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), dementia awareness, first aid and end of life care. Staff had also completed nationally recognised qualifications in health and social care. Staff members commented: "The training is always good. Some coming up" and "I am a happy girl at work. The training is good, support is good."

People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the Mental Capacity Act (MCA) (2005). For example, where staff were concerned about a person's behaviour and their lack of capacity to make decisions and manage their emotions. Staff had worked closely with other health and social care professionals. People's capacity to consent had been assessed and best interest discussions and meetings had taken place. Care records demonstrated consideration of the MCA and how the service had worked alongside family and health and social care professionals when there were changes in a person's capacity to consent to care. For example, a best interest meeting had taken place to discuss the appropriateness of a person's care package.

People were supported to maintain a balanced diet. Staff helped people by preparing main meals and snacks. Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people's eating habits and in consultation with them contacted health professionals involved in their care where concerns had been identified.

Our findings

Ark Nursing and Care Agency continued to provide a caring service to people. People and/or their relatives commented: "The staff really look after me"; "The staff are very caring, they are good with (relative), good relationship"; "The carers are wonderful" and "The staff are great, very kind and compassionate." All of the questionnaire responses stated that care staff were caring and kind.

Staff treated people with dignity and respect when helping them with daily living tasks. One relative commented: "The staff treat (relative) with respect." All of the questionnaire responses stated that care staff treated them with dignity and respect. Staff told us how they maintained people's privacy and dignity when assisting with personal care. For example, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening.

Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care. Staff demonstrated empathy in their discussions with us about people. One staff member commented: "I treat people how I would want my mum treated."

Staff relationships with people were caring and supportive. People commented: "The relationship we have built up has been great" and "They sit and chat." Staff spoke confidently about people's specific needs and how they liked to be supported. Through our conversations with staff it was clear they were very committed and kind and compassionate towards people they supported. They described how they observed people's moods and responded appropriately.

Staff adopted a strong and visible personalised approach in how they worked with people. They spoke of the importance of empowering people to be involved in their day to day lives. Staff explained it was important people were at the heart of planning their care and support needs. People confirmed they had a care plan, which was discussed with them and no care was given without their consent. A relative commented: "I feel involved and in the loop with (relative's) care." All of the questionnaire responses confirmed that people were involved in decision making about their care and support needs.

The service had received several written compliments. These included: 'Just a note to say thank you for the overnight care you gave dad. Everyone who helped was kind and competent. Dad particularly looked forward to his regular ladies, they made dad feel safe and happy. They became like part of the family taking the time to talk to dad and listen to my woes. I honestly don't know how I would have managed without

them'; We are once again grateful to you for your very professional, caring and trustworthy service' and 'A big thank you and the whole team for the care and support which you provided for not only (relative) but the whole family. You all helped to make a very painful situation more bearable.'

Our findings

The service continued to be responsive. Staff knew people very well and provided care and support which was person centred and took account of their needs and wishes. One person commented: "Ark are very responsive and listen and take on board requests."

Care files included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. Care files included information about people's history, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. People's likes and dislikes were taken into account in care plans. For example, care plans documented people's likes and dislikes in relation to food and activities. One person commented: "They (staff) know what I like and dislike." This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.

Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical health needs, personal care and eating and drinking. Staff told us they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health. Daily notes showed care plans were followed. One staff member commented: "The care plans help us provide the correct care and support to people."

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments. This was through on-going discussions with them by staff and the registered manager. People were made aware of the complaints system on admission to the service. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint. Where complaints had been made, there was evidence of them being dealt with in line with the complaints procedure.

Our findings

The service remained well-led. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt the service was well managed. Comments included: "The communication between staff is really good, cannot fault them" and "(Registered manager) has been round to check medicines and paperwork to ensure it is up to date." Staff spoke positively about communication and how the registered manager worked well with them and encouraged an open culture. Staff felt able to raise concerns and would be listened to. Staff commented: "(Registered manager) listens, don't fob you off and always come back to you"; "(Registered manager) is open and approachable" and "I have no issues with support. (Registered manager) is very good at jumping on things." All of the questionnaire responses felt the service was well managed.

Staff confirmed they had attended staff meetings and felt their views were taken into account. Meeting minutes showed that meetings took place on a formal basis and were an opportunity for staff to air any concerns as well as keep up to date with working practices and issues affecting the service. The service also provided staff with newsletters to keep them up to date on organisational changes, the training available, policies and procedures and professionalism.

People's views and suggestions were taken into account to improve the service. Satisfaction surveys had been completed by people using the service, relatives and health and social care professionals in 2017. The surveys asked specific questions about the standard of the service and the support it gave people. All of the surveys provided positive feedback. Comments included, 'professional, caring service'; 'Very good staff' and 'Competent and quick at covering shifts.' This showed the organisation recognised the importance of continually improving the service to meet people's individual needs.

The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of encouraging independence, choice, privacy and dignity and people having a sense of worth and value. Our inspection showed that the organisation's philosophy was embedded in Ark Nursing and Care Agency through talking to people using the service and staff and looking at records.

The service worked with other health and social care professionals in line with people's specific needs. People and staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GP and community nurse. Regular medical reviews took place to ensure people's current and changing needs were being met. Feedback from professionals included: 'I have positive feedback for Ark. Very knowledgeable care staff, very flexible to fill when required. On the rare occasion we have had to raise a concern this is dealt with quickly, thoroughly and feedback is always provided' and 'We have frequent contact with Ark. The level of service and administration has been faultless.'

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, changes to a person's care plan and risk assessment to reflect current circumstances and additional staff training. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested to review people's plans of care and treatment. This demonstrated that the service was both responsive and proactive in dealing with incidents which affected people.

Audits were completed on a regular basis. For example, the audits reviewed people's care plans and risk assessments and incidents and accidents. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans reviewed. Spot checks were also conducted on a random but regular basis. These enabled the registered manager to ensure staff were arriving on time and supporting people appropriately in a kind and caring way.